Negative incidents and effects of psychological treatment

Incidents and effects that are viewed as both positive and negative can occur during treatment. We now want you to think about what happened during the period when you received your treatment, and that you consider if anything you experienced was negative or unwanted. Read through the following statements and mark whether you experienced any of these incidents or effects. If you answer yes, please indicate the severity of your experience (how negative the experience was for you), and whether you believe your experience was caused by the treatment you received or other circumstances that occurred during the same period as your treatment.

	Incidents and effects:	Did you experience this?		If yes – here is how negatively it affected me:					Probably caused by:	
		No	Yes	Not at all	Slightly	Moderately	Very	Extremely	The treatment I received	Other circumstances
1.	I had more problems with my sleep	0	○ →	0	0	0	0	0	0	0
2.	I felt like I was under more stress	0	○ →	0	0	0	0	0	0	0
3.	I experienced more anxiety	0	○→	0	0	0	0	0	0	0
4.	I felt more worried	0	○→	0	0	0	0	0	0	0
5.	I experienced more hopelessness	0	○→	0	0	0	0	0	0	0
6.	I experienced more unpleasant feelings	0	\bigcirc	\bigcirc	\circ	\circ	\circ	\circ	0	\circ
7.	I felt that the issue I was looking for help with got worse	0	○→	0	0	0	0	0	0	0
8.	Unpleasant memories resurfaced	0	○ →	0	0	0	0	0	0	0
9.	I became afraid that other people would find out about my treatment	0	O >	0	0	0	0	0	0	0
10.	I got thoughts that it would be better if I did not exist anymore and that I should take my own life	0	○→	0	0	0	0	0	0	0
11.	I started feeling ashamed in front of other people because I was having treatment	0	O >	0	0	0	0	0	0	0
12.	I stopped thinking that things could get better	0	\bigcirc	0	0	0	0	0	0	0
13.	I started thinking that the issue I was seeking help for could not be made any better	0	O >	0	0	0	0	0	0	0

14.	I think that I have developed a dependency on my treatment	0	O >	0	0	0	0	0	0	0
15.	I did not always understand my treatment	0	○→	0	0	0	0	0	0	0
16.	I did not always understand my therapist	0	○→	0	0	0	0	\circ	\circ	0
17.	I did not have confidence in my treatment	0	○→	0	0	0	0	0	0	0
18.	I felt that the treatment did not produce any results	0	○→	0	0	0	0	0	0	0
19.	I felt that my expectations for the therapist were not fulfilled	0	○→	0	0	0	0	0	0	0
20.	I felt that the treatment was not motivating	0	○→	0	0	0	0	\circ	0	0
	Other incidents or effects – describe in your own words whether there were any other negative incidents or effects, and what characterised them									